

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N099001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/09/2013
NAME OF PROVIDER OR SUPPLIER ALMA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 234 MANOR CIRCLE ALMA, KS 66401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Licensure Resurvey.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: The facility had a census of 13 residents. Based upon record review and interview the facility failed to conduct a functional capacity screen at least once every 365 days for 3 (#1, #2, #3) of the 3 sampled residents. Findings included: - Review of resident # 3's face sheet revealed the resident admitted to the facility on 7/29/09. Review of the resident's clinical record on 5/8/13 at approximately 12:30 P.M. revealed a functional capacity screen (FCS) dated 4/29/12. Further review of the resident's clinical record did not support the facility had performed a FCS since 4/29/12 (duration greater than 365 days). On 5/8/13 at approximately 12:40 P.M.	S3081		

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S3081	<p>Continued From page 1</p> <p>administrative staff A confirmed the facility had not reviewed the resident's FCS since 4/29/12 (duration greater than 365 days).</p> <p>The facility failed to review this resident FCS at least once every 365 days.</p> <p>- Review of resident #2's face sheet identified the resident was admitted to the facility on 3/2/12.</p> <p>Review of the resident's clinical record on 5/8/13 at approximately 1:30 P.M. revealed a functional capacity screen (FCS) dated 4/29/12. Further review of the resident's clinical record did not support the facility had performed a FCS since 4/29/12 (duration greater than 365 days).</p> <p>On 5/8/13 at approximately 3:40 P.M. administrative staff A confirmed the facility had not reviewed the resident's FCS since 4/29/12 (duration greater than 365 days).</p> <p>The facility failed to review this resident FCS at least once every 365 days.</p> <p>- Review of resident #1's face sheet revealed the resident admitted to the facility on 11/17/11.</p> <p>Review of the resident's clinical record on 5/8/13 at approximately 2:00 P.M. revealed a functional capacity screen (FCS) dated 4/29/12. Further review of the resident's clinical record did not support the facility had performed a FCS since 4/29/12 (duration greater than 365 days).</p> <p>On 5/8/13 at approximately 3:40 P.M. administrative staff A confirmed the facility had not reviewed the resident's FCS since 4/29/12 (duration greater than 365 days).</p>	S3081			

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S3081	Continued From page 2 The facility failed to review this resident FCS at least once every 365 days. The facility failed to review Functional Capacity Screens every 365 days for the residents residing in the Assisted Living Facility.	S3081			
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: The facility had a census of 13 residents. The sample included 3 residents. Based upon record review and interview, the facility failed to review the negotiated service agreement at least once every 365 days for 2 (#2, #3) of the 3 sample residents. Findings included: - Review of resident # 3's face sheet revealed	S3092			

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S3092	<p>Continued From page 3</p> <p>the resident admitted to the facility on 7/29/09.</p> <p>Review of the resident's clinical record on 5/8/13 at approximately 12:30 P.M. revealed a negotiated service agreement (NSA) dated 4/29/12. Further review of the resident's clinical record did not support the facility had performed a NSA since 4/29/12 (duration greater than 365 days).</p> <p>On 5/8/13 at approximately 12:40 P.M. administrative staff A confirmed the facility had not reviewed the resident's NSA since 4/29/12 (duration greater than 365 days).</p> <p>The facility failed to review this resident NSA at least once every 365 days.</p> <p>- Review of resident #2's face sheet identified the resident was admitted to the facility on 3/2/12.</p> <p>Review of the resident's clinical record on 5/8/13 at approximately 1:30 P.M. revealed a negotiated service agreement (NSA) dated 4/29/12. Further review of the resident's clinical record did not support the facility had performed a NSA since 4/29/12 (duration greater than 365 days).</p> <p>On 5/8/13 at approximately 3:40 P.M. administrative staff A confirmed the facility had not reviewed the resident's NSA since 4/29/12 (duration greater than 365 days).</p> <p>The facility failed to review this resident NSA at least once every 365 days.</p> <p>The facility failed to review Negotiated Service Agreements every 365 days for the residents residing in the assisted living.</p>	S3092			

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S4055 SS=E	<p>28-39-406 Environmental Sanitation and Safety</p> <p>The boarding care home shall provide staff and services to ensure a clean, safe, and comfortable environment for residents and shall meet the environmental sanitation and safety requirements prescribed in K.A.R. 28-39-407 to K.A.R. 28-39-409, inclusive.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 13 residents. Based upon observation and interviews the facility failed to provide services to ensure a clean and comfortable environment for residents on 2 of 2 halls for 1 of 1 days of the survey.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 5/8/13 at various times from 11:30 A.M. to 3:30 P.M. revealed the following: <p>A bathroom on the North West wing had grooves/holes on the floor and behind the grab bar of the toilet, a stained tile on the floor, and peeling paint on the non - slip surface by the tub. Administrative staff A confirmed the grooves/holes and stated a grab bar was removed and the grooves/holes were a result of the removal of the previously installed grab bar.</p> <p>Tiles on the floor in a resident's bathroom on the North East hall was dirty/stained and sticky, grooves/holes were on the floor beside the toilet in the resident's bathroom, the door trim molding in the resident's bathroom was heavily scuffed, and the floor tile beside the resident's recliner was stained. Administrative staff A confirmed the above.</p> <p>Tiles on the floor of one of the bathrooms on the</p>	S4055		

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S4055	<p>Continued From page 5</p> <p>North East hall was heavily stained by the toilet, the left side of the tub and underneath the sink, and the inside of the shower had peeling paint.</p> <p>Tiles on the floor of another bathroom on the North East hall were stained by the stool, peeling paint was observed on the non slip surface by the shower, and black paint was observed on the left side of the tub.</p> <p>Tiles on the floor by the water fountain on the North East hall were dirty/stained and the entrance way of a resident's room located next to the water fountain was dirty/stained. During interview with administrative staff A on 5/8/13 at approximately 3:15 P.M. he/she confirmed the tiles on the floor were dirty/stained.</p> <p>The facility failed to provide a clean and comfortable environment for the residents.</p>	S4055			